

Division of Insurance

Essential Health Benefits



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Essential Health Benefits

- Also known as “EHBs”
- Establishes a minimum level of coverage
- Chosen by Nevada for Nevadans
- Applies to all non-grandfathered individual and small group insurance plans
- Applies to plans sold on and off the Exchange



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EHB Requirements

- No annual dollar limits
- No lifetime dollar limits
- Service/visit limits ARE allowed
- Adult vision and dental are NOT EHBs



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EHB Restrictions

- Since dollar limits are prohibited, each carrier either provides the coverage without a limit or establishes an actuarial visit limit equivalent substitution
- Nevada's EHB package is applicable to years 2014, 2015 and 2016



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EHB Package Chosen

**Health Plan of Nevada
Point-of-Service C-XV**

Form #: HPN POS C-XV

This was the largest small employer
plan in the state.



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Missing Services

- Habilitative services must be in parity with rehabilitative services
- Pediatric Dental supplemented by Nevada CHIP
- Pediatric Vision supplemented by the FEDVIP



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Dollar Limits No Longer Allowed

Applied Behavioral Analysis:

\$36,000 annual limit

Inherited Metabolic Disease:

\$2,500 annual limit for special foods

Bariatric Surgery:

\$5,000 lifetime limit

Manual Manipulation of the Spine:

\$1,000 annual limit



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Dollar Limits No Longer Allowed

Durable Medical Equipment:

\$4,000 lifetime limit

Prosthetic and Orthotic Devices:

\$10,000 lifetime limit

TMJ:

\$2,500 annual limit; \$4,000 lifetime limit

Hearing Aids:

\$5,000 annual limit



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Physical Therapy, Speech Therapy and Occupational Therapy:

60 visits per year combined

Private Duty Nursing:

30 visits per year

Skilled Nursing Facility:

100 days per year

Home Health Care Services:

30 visits per year



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Hospice Services:

Benefits for expenses arising from hospice care

Hospice Bereavement Services:

5 visits per year; treatment must be completed within 6 months of the date of death

Infertility Office Evaluation Visits:

Covered as a physician visit

Infertility Treatments:

6 cycles per person per lifetime



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The **formulary** benchmark is the greater of the number of drugs in the benchmark plan formulary or one in every distinct pharmacopeia category and class.

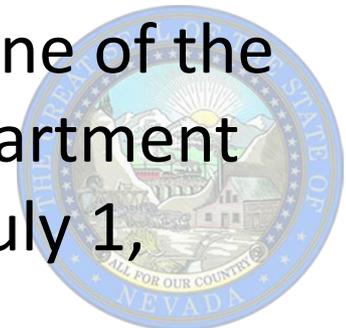
- Brand name drugs and generic drugs are not chemically distinct
- Dosage size is not chemically distinct
- Formulary quantity is locked in until 2017



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2017 EHB Selection Process

- Nevada must select one of ten 2014 benchmark plans by July 1, 2015
- On April 8, 2015 CCIIO released a list of the three largest small group plans in Nevada and the three largest FEHBPs.
- The remaining four benchmark plans are the three NV PEBP plans and the CCSD HMO plan.
- The Commissioner of Insurance will choose one of the ten benchmark plans and notify the U.S. Department of Health and Human Services on or before July 1, 2015



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Basis for a Decision

- Nevada must balance cost and coverage
- As coverage goes up, so does cost
- Essential Health Benefits are a minimum
 - Too high and insurance isn't affordable
 - Too low and the public health could be harmed



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Benchmark Options

Small Group Plans

- Sierra Health and Life: SHL Solutions PPO Platinum
- Health Plan of Nevada: HPN Solutions HMO Platinum
- Health Plan of Nevada: HPN Solutions POS Gold

State Employee Plans

- Nevada PEBP: Self Funded PPO Plan
- Nevada PEBP: Health Plan of Nevada HMO
- Nevada PEBP: Hometown Health Plan HMO

HMO plan

- HPN: Clark County School District-HPN Solutions HMO 20

Federal Employee Plans

- GEHA: Benefit Plan 2014
- FEHBP: Blue Cross-Blue Shield Standard
- FEHBP: Blue Cross-Blue Shield Basic



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Nevada Mandated Health Benefits

- Nevada mandated benefits must be covered in addition to EHBs.
- If Nevada mandates a benefit that is not an EHB the state would be required to pay for the cost of the benefit for some people.
- There will be no direct cost to Nevada if the benchmark plan chosen covers the state mandates



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Rehabilitative/Habilitative Benefits

Current Bench-mark	SHL Plan (Default)	HPN Plans	Hometown Health Plan PEBP HMO	PEBP PPO	GEHA Benefit Plan	FEHBP BCBS Standard	FEHBP BCBS Basic
Rehab only 60 visits	Rehab/ Hab 120 visits	Rehab/ Hab 120 visits	Rehab/ Hab 60 visits	Rehab Only Unlimtd	Rehab/ Hab 30 visits each	Rehab only 75 visits	Rehab only 50 visits



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Skilled Nursing Facility Benefits

Current Bench-mark	SHL Plan (Default)	HPN Plans	Hometown Health Plan PEHP HMO	PEBP PPO	GEHA Benefit Plan	FEHBP BCBS Standard	FEHBP BCBS Basic
100 days	100 days	100 days	100 days	60 days	14 days	75 days	50 days



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Applied Behavior Analysis

Current Benchmark	SHL Plan (Default)	HPN Plans	Hometown Health Plan PEBP HMO	PEBP PPO	GEHA Benefit Plan	FEHBP BCBS Standard	FEHBP BCBS Basic
\$36,000	250 visits or 750 hours	250 visits or 750 hours	515 hours	\$36,000	Not Covered	Not Covered	Not Covered



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Home Health Care Benefits

Current Bench-mark	SHL Plan (Default)	HPN Plans	Hometown Health Plan PEBP HMO	PEBP PPO	GEHA Benefit Plan	FEHBP BCBS Standard	FEHBP BCBS Basic
30 visits	60 visits	Unlimited	30 visits	60 visits	50 visits	25 visits	50 visits



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Durable Medical Equipment

Current Bench- mark	SHL Plan (Default)	HPN Plans	Hometown Health Plan PEBP HMO	PEBP PPO	GEHA Benefit Plan	FEHBP BCBS Standard	FEHBP BCBS Basic
\$4,000 lifetime	1 Device per 3 years	1 Device per 3 years	1 Device per 3 years	Unlimited	Unlimited	Unlimited	Unlimited



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Chiropractic Coverage

Current Bench- mark	SHL Plan (Default)	HPN Plans	Hometown Health Plan PEHP HMO	PEBP PPO	GEHA Benefit Plan	FEHBP BCBS Standard	FEHBP BCBS Basic
\$1,000 annual	20 visits	20 visits	60 visits	Unlimited	12 visits	12 visits	20 visits



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Infertility Treatment

Current Bench-mark	SHL Plan (Default)	HPN Plans	Hometown Health Plan PEBP HMO	PEBP PPO	GEHA Benefit Plan	FEHBP BCBS Standard	FEHBP BCBS Basic
6 cycles per lifetime	Not Covered	Not Covered	Not Covered	Not Covered			



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Questions?

